



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
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2003 Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	RATE2003	EFFDATE
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, I	\$4.54	1-Jul-02
90472	IMMUN ADMN EACH ADDL (INCLUDES PERCUTANEOUS,INTRADERMAL,SUB INTRAM & JET INJ	\$4.54	1-Jul-02
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	BR	1-Jan-02
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE	BR	1-Jan-02
90780	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER D	\$44.04	1-Apr-01
90781	IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUP	\$22.58	1-Apr-01
90782	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); S	\$4.54	1-Apr-01
90783	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRA-ARTERIAL	\$16.17	1-Apr-01
90784	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRAVENOUS	\$19.22	1-Apr-01
90788	INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)	\$4.92	1-Apr-01
90799	UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	BR	1-Oct-82
96400	CHEMOTHERAPY ADMINISTRATION; SUBCUTANEOUS OR INTRAMUSCULAR, WITH OR WITHOUT LOCA	\$5.29	1-Apr-01
96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	\$75.49	1-Apr-01
96406	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS	\$107.77	1-Apr-01
96408	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE	\$38.38	1-Apr-01
96410	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR	\$61.27	1-Apr-01
96412	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOURS, EA	\$45.54	1-Apr-01
96414	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF PROL	\$53.06	1-Apr-01
96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	\$49.71	1-Apr-01
96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	\$48.96	1-Apr-01
96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS,	\$19.16	1-Apr-01



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96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF P	\$56.79	1-Apr-01
96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACE	\$326.68	1-Apr-01
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERI	\$329.58	1-Apr-01
96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING	\$161.30	1-Apr-01
96520	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$35.40	1-Apr-01
96530	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR	\$42.11	1-Apr-01
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERV	\$179.67	1-Apr-01
96549	UNLISTED CHEMOTHERAPY PROCEDURE	BR	1-Oct-82
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN	\$58.91	1-Apr-02
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	\$60.00	1-Apr-01
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	\$30.00	1-Apr-01
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$15.80	1-Apr-01
96902	Trichogram	\$24.01	1-Apr-02
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AN	\$23.33	1-Apr-01
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	\$26.38	1-Apr-01
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES	\$54.25	1-Apr-01
96920	Laser tx, skin < 250 sq cm	\$149.34	1-Apr-03
96921	Laser tx, skin 250-500 sq cm	\$152.95	1-Apr-03
96922	Laser tx, skin > 500 sq cm	\$211.40	1-Apr-03
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	BR	1-Oct-82
97001	PHYSICAL THERAPY EVALUATION	\$69.43	1-Apr-01
97002	PHYSICAL THERAPY RE-EVALUATION	\$34.65	1-Apr-01
97003	OCCUPATIONAL THERAPY EVALUATION	\$70.22	1-Apr-01
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$36.01	1-Apr-01
97005	ATHLETIC TRAINING EVALUATION	BR	1-Jan-02
97006	ATHLETIC TRAINING RE-EVALUATION	BR	1-Jan-02
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$11.77	1-Jun-00



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97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL	\$19.65	1-Apr-01
97014	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED)	\$16.24	1-Apr-01
97016	PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES	\$16.98	1-Apr-01
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	\$11.30	1-Apr-01
97020	PHYSICAL MEDICINE TREATMENT TO ONE AREA; MICROWAVE	\$11.30	1-Apr-01
97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	\$21.08	1-Apr-01
97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY	\$11.67	1-Apr-01
97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED	\$10.93	1-Apr-01
97028	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET	\$11.69	1-Apr-01
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	\$19.27	1-Apr-01
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$20.84	1-Apr-01
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$17.01	1-Apr-01
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$14.39	1-Apr-01
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	\$23.40	1-Apr-01
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	\$18.12	1-Apr-01
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES	\$25.15	1-Apr-01
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCA	\$27.69	1-Apr-01
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	\$29.24	1-Apr-01
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUD	\$25.79	1-Apr-01
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EF	\$22.70	1-Apr-01
97139	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC	\$17.01	1-Apr-01
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAI	\$28.80	1-Apr-01
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$20.85	1-Apr-01



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97504	ORTHOTIC(S) FITTING AND TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AN	\$28.13	1-Apr-01
97520	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES EACH 15 MIN	\$28.06	1-Apr-01
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER (USE	\$24.33	1-Apr-01
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, (\$25.75	1-Apr-01
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	\$27.99	1-Apr-01
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COM	\$28.06	1-Apr-01
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAG	\$27.62	1-Apr-01
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$18.90	1-Apr-01
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	1-Jan-93
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION T	BR	1-Jan-93
97601	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S); SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$39.05	1-Apr-01
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOUT ANE	BR	1-Jan-01
97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$16.36	1-Apr-01
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACI	\$27.32	1-Apr-01
97780	Acupuncture w/o stimul	BR	1-Jan-98
97781	Acupuncture w/stimul	BR	1-Jan-98
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	BR	1-Oct-82
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$16.33	1-Apr-02
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-F	\$16.33	1-Apr-02
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$6.42	1-Apr-02
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	\$30.98	1-Apr-01
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED	\$42.38	1-Apr-01



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98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	\$52.68	1-Apr-01
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED	\$61.75	1-Apr-01
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	\$69.39	1-Apr-01
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$27.62	1-Apr-01
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS	\$37.16	1-Apr-01
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS	\$47.83	1-Apr-01
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE OR MORE REGIONS	\$22.34	1-Jun-00
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE	\$12.60	1-Jun-00
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH	\$18.89	1-Jun-00
99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA	\$37.03	1-Jun-00
99024	Postop follow-up visit	\$37.03	1-Jun-00
99025	INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO	\$37.82	1-Jun-00
99050	SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE	\$14.38	1-Jun-00
99052	SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE	\$21.16	1-Jun-00
99054	SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE	\$14.81	1-Jun-00
99056	Non-office medical services	\$32.79	1-Jun-00
99058	OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	\$40.20	1-Jun-00
99070	Special supplies	\$64.54	1-Jun-00
99071	Patient education materials	BR	1-Oct-82
99075	Medical testimony	BR	1-Oct-82
99078	Group health education	BR	1-Oct-82
99080	Special reports or forms	BR	1-Oct-82
99082	Unusual physician travel	\$2.04	1-Jun-00
99090	Computer data analysis	\$9.90	1-Jun-00
99141	Sedation, iv/im or inhalant	\$78.43	1-Oct-02
99142	Sedation, oral/rectal/nasal	\$66.70	1-Apr-02
99170	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSP TRAU	\$139.38	1-Apr-01



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99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	BR	1-Jan-00
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED OBSERVATION	\$55.74	1-Apr-01
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	\$132.31	1-Apr-01
99185	HYPOTHERMIA; REGIONAL	\$25.19	1-Apr-01
99186	HYPOTHERMIA; TOTAL BODY	\$83.05	1-Apr-01
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT)	\$104.51	1-Jun-00
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT)	\$63.26	1-Jun-00
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT)	\$47.13	1-Jun-00
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$17.67	1-Apr-01
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	BR	1-Oct-82
G0003	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POST SYMPTOM	BR	1-Jan-98
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$4.54	1-Jul-02
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$4.54	1-Jul-02
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$4.54	1-Jul-02
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$38.81	1-Apr-01
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	\$19.59	1-Apr-01
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$97.21	1-Apr-01
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$375.17	1-Apr-01
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY,	\$142.35	1-Apr-01
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTE	\$61.61	1-Apr-01
G0109	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR	\$36.25	1-Apr-01
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHAL	\$51.34	1-Apr-02
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$36.26	1-Apr-02
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY,	\$142.35	1-Apr-01



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G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	\$432.35	1-Apr-03
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	\$128.10	1-Apr-03
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED	\$24.62	1-Apr-01
G0127	TRIMMING OF DYSTROPHIC NAILS ANY NUMBER	\$20.66	1-Apr-01
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED	\$24.62	1-Apr-01
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$140.37	1-Apr-01
G0167	HYPERBARIC OXYGEN TREATMENT NOT REQUIRING PHYSICIAN ATTENDANCE, PER TREATMENT SE	\$26.82	1-Jun-00
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$84.32	1-Apr-01
G0179	HOME HEALTH RECERTIFICATION	\$60.41	1-Apr-01
G0180	PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PAR	\$72.13	1-Apr-01
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL NEOVASCULARIZ	BR	1-Jan-01
G0245	INITIAL FOOT EXAM PT LOPS	\$60.94	1-Oct-02
G0246	FOLLOW UP EVAL OF FOOT PT LOPS	\$35.76	1-Oct-02
G0247	ROUTINE FOOT CARE PATIENT WITH LOPS	\$39.47	1-Oct-02
G0248	DEMONSTRATION USE OF HOME INR MONITORING	\$99.88	1-Oct-02
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT	\$70.85	1-Oct-02
G0256	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUM SEEDS, INCLUDING	BR	1-Jan-03
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	BR	1-Jan-03
G0261	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED IODINE SEEDS, INCLUDING	BR	1-Jan-03
G0262	SMALL INTESTINAL IMAGING; INTRALUMINAL, FROM LIGAMENT OF TREITZ TO THE ILEO	\$752.46	1-Apr-03
G0267	BONE MARROW OR PERIPHERAL STEM CELL HARVEST, MODIFICATION OR TREATMENT TO	BR	1-Jan-03
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF	\$44.45	1-Apr-03
G0272	NASO/ORO GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND FLUOROSCOPIC	\$17.20	1-Apr-03
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE	\$12.75	1-Apr-03
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S)	\$12.75	1-Apr-03
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	\$86.02	1-Apr-03



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G0290	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS,	BR	1-Jan-03
G0291	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS,	BR	1-Jan-03
G0292	ADMINISTRATION(S) OF EXPERIMENTAL DRUG(S) ONLY IN A MEDICARE QUALIFYING	BR	1-Jan-03
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPT	\$23.84	1-Apr-01
M0075	CELLULAR THERAPY	BR	1-Mar-89
M0076	PROLOTHERAPY	BR	1-Mar-89
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING (MNP)	BR	1-Mar-89
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	BR	1-Mar-89
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MNP)	BR	1-Mar-89
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	BR	1-Jan-92
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCUTANEO	BR	1-Jan-92
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	BR	1-Jan-92
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S) (EG	BR	1-Jan-92
Z3475	AMBULATORY-CONTU CHEMOTHERAPY	BR	1-Oct-82
Z3600	PARAMEDIC SERVICES	BR	1-Oct-82
Z3630	MEDICATION, ADMINISTRATION OF MEDICATION	BR	1-Oct-82